

APPLICATION DATA SHEET

APPLICATION INFORMATION

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | METHOD AND SYSTEM FOR FURNISHING OF CUSTOMIZED INFORMATION TO VENUES TARGETED TO SELECTED AUDIENCES |
| Attorney Docket Number:: | 25343/37:7 |
| Suggested Drawing Figure:: | 4 |
| Total Drawing Sheets:: | 4 |
| Small Entity:: | No |

APPLICANT INFORMATION

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|---|------------------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Brian |
| Middle Name:: | T. |
| Family Name:: | Worsham |
| City of Residence:: | Maple Valley |
| State or Province of Residence:: | WA |
| Street of Mailing Address:: | 23041 S.E. 248 th Place |
| City of Mailing Address:: | Maple Valley |
| State or Province of Mailing Address:: | WA |
| Postal or Zip Code of Mailing Address:: | 98038 |

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Matthew |
| Middle Name:: | I. |
| Family Name:: | Ullman |

City of Residence:: Seattle
State or Province of Residence:: WA
Street of Mailing Address:: 521 Fifth Avenue West, No. 903
City of Mailing Address:: Seattle
State or Province of Mailing Address:: WA
Postal or Zip Code of Mailing Address:: 98119

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 3528
Phone Number:: 503-224-3380, 503-294-9189
Fax Number:: 503-220-2480
E-Mail Address:: patlaw@stoel.com,
mdstolowitz@stoel.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 3528

ASSIGNEE INFORMATION

Assignee Name:: The Cobalt Group, Inc.
Street of Mailing Address:: 2200 First Avenue South
City of Mailing Address:: Seattle
State or Province of Mailing Address:: WA
Postal or Zip Code of Mailing Address:: 98134